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# School District Of Bonduel

## 400 West Green Bay Street • P.O. Box 310

## Bonduel, Wisconsin 54107-0310

## http://www.bonduel.k12.wi.us

**PARENT/GUARDIAN TRAVEL RELEASE FORM**

**High/Middle School Travel Release: Co-curricular and Athletics**

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to

 ***(Student’s Name)***

ride ( to / from / both ) the school

***(Cirlce One)*** *(****Event/Co-curricular/Sport)***

sponsored activity located

***(Put in the Location/ or write “All Events”)***

For the following date(s): .

 ***(Write “Season” for the entire Season)***

I certify that I am personally transporting the above named student. I understand that Bonduel High School encourages that the students ride the buses to and from all school events. A departure from this requirement will release Bonduel School District from all liability for any adverse results that may occur. I agree to release Bonduel High School and its employees and officers from all liability with reference to the above stated transportation.

**This form must be given to the Principal at least 24 hours prior to the event. If permission is granted, the Principal will inform the respective coach of the approval.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent or Guardian) (Principal)

***TO CONTACT THE BELOW OFFICES DIAL: 715-758-4850***

District

 Office

Fax 715-758-4869

High School Office

Fax 715-758-4859

Middle School Office

Fax 715-758-4859

Bonduel

Elementary Office

Fax 715-758-4819

Pupil Services Office

Fax 715-758-4459

TO;



**\_\_\_\_ Approved**

**\_\_\_\_ Not Approved**